Medical Direction and Practice Board
20-Dec-06
Minutes

In Attendance Members: David Ettinger, Kevin Kendall, Matt Sholl, Steve Diaz, Jay Reynolds

In Attendance Staff: Dawn Kinney, Scott Smith, Alan Leo

In Attendance: Jonnathan Busko, Dan Palladino, Tim Beals, Ginny Brockway, Rick Petrie, David Robie, Joe Lahood, Jeff Regis, Norm Dinerman, David White, Chris Moretto, Lori Metayer, Kevin Bachi

Topic	**Discussion**	**Action(s)**
1) Minutes from November 2006 and introductions.	No discussion	MOTION: First by Kendall and Second by Ettinger to accept, unanimous approval
2) Legislative, Budget, EMSTAR updates	No update	None
3) Discussion of NEJM editorial on Libya in December 14, 2006 issue	A Pakistani physician and 5 Bulgarian nurses are up for trial again in Libya after being convicted of causing an HIV in Children in a Children's hospital there in the 1990's. The first verdict was for execution, and the court was found not to have allowed for scientific evidence to be presented. A retrial is underway and Dr. Busko stated he heard that this second trial also ended a guilty verdict and recommendation of execution. The December 14, 2006 editorial in the New England Journal of Medicine details the account and injustice in this case. Discussion of implications of such actions and whether we should take some sort of action. Comment by Tim Beals, Board of MEMS representative, that we should be sure with the asst AG that we do not run afoul of any rules in pursuing this.	Motion by Kendall and Second by Ettinger that we do comment as a group. Diaz and Kendall will work on letter, Dinerman recommended contacting Doctors without Borders which Diaz will do, and Diaz will check with Bradshaw to be sure we are not violating any sort of code or appropriate practice.
4) Protocol updates: Blue and Gold	See attached. Not reflected here is the following: A. Captopril discussed in Pulmonary Edema, but if cannot assess for AS, then probably not prudent B. Presentation of Respiratory Distress page to guide towards correct protocol—Batsie presented and feedback to include a line about the need to potentially combine therapies in mixed pictures, such as using an albuterol nebulizer for a mixed CHF/COPD picture but in such cases, have caution with	MOTION: No motion thus far, will have a composite at the end of all the protocol recommendations.

	albuterol if B/P > 250/120. Will have this distributed under separate cover as updated by Batsie. C. In Gold 1, asking about adding benadryl to intermediate protocol—direction from MDPB to try to avoid scope creep and instead looking to the education committee to help us plan for longterm intermediate scope so we do not create a multilevel practice problem Offered from Petrie that education has started discussions around this. D. Can we go to midazolam as single benzodiazepine—regional coordinators and MEMS QI will see how often lorazepam is being used. Midazolam is as efficacious as lorazepam for seizures without refrigeration issues, and both are superior to diazepam. E. Question of intranasal midazolam—midazolam works in any route and with OLMC that is an option. IM midazolam will be a standing option for paramedics and should obviate other dosing routes but will leave in for peds the buccal and pr routes—one issue with any intranasal medicine is the post administration epistaxis. Would be good to avoid this especially in peds if possible. F. ISMP recommendation to move away from IV phenergan. Diaz will ask his hospital pharmacists for language around dilution until these updates take place—will look to compazine, reglan and/or zofran in the updates in the appropriate protocol sections.	
5) TEMS	Busko presented a handout regarding Tactical EMS and outlined the different aspects of possible future plans. Diaz, Bradshaw and Busko had met previous to the presentation to outline pertinent questions in approaching this aspect of EMS and Petrie has been asked to work with Busko to help draft how such a program may work within the regional aspect of EMS. Diaz also reiterated that this appears appropriate and promising, but we need to be cognizant of the amount	General Consensus that this is supported by us, with the caveats that operational particulars need to be detailed as others may wish to also pursue such a program and we need to figure out the impact on MEMS staff. Full program needs to be presented before voting by MDPB.

	of work in front of the MEMS staff all ready in line with our annual goals from the MDPB	
6) OLMC	Busko incorporating feedback given by Bradshaw	None
7) PIFT	Approved by MEMS board and go live is January 1, 2007 with old PIFT sunsetting on July 1, 2007. PIFT is being updated as rolling out without substantive changes.	None
8) CPAP	Handout and presentation by Batsie covering current data and services. Handout shows low number of patients and without appreciable outcome benefits at this point. Discussion of larger data groups with demonstrable positive effect and at this point, if we are not showing worse outcomes, we are most likely on the right track. Rockland Fire, Kennebunk Fire and Rescue, and Capitol Ambulance in Bangor would all like to join on this project.	Consensus that this in fact seems to be the right way to go and no objections to any of the three aforementioned services from joining this study.
9)Res Q Pod	Previously distributed papers and review of the device started this discussion. This is a level I recommendation from AHA but at this point the critical literature is mainly in animals, has limitations in using sham historical controls versus active patients, and has outcomes only at the 24 hour mark—thus, whether this has any impact on appropriate longer term measures of mortality or morbidity are in question. Lastly, much of this early "positive" date is in proprietary studies, which lends itself to bias.	No action, no recommendation
10) Device Language	Previously drafted and distributed language around device use created by Busko, Dinerman and Liebow is discussed. The intent is that this language would obviate a case by case basis of device use, but defines when a paramedic must have some skill for individual devices and to whom the paramedic may look to for guidance	General consensus that this is acceptable without any dissension. Will distribute to Liebow for Brown Section incorporation and Batsie for PIFT incorporation.
11)Blood Products and Disaster Medicine	No time to discuss these, briefly overviewed and to next meeting.	
Next Meeting	January 17, 2006, 0930 – 1230, at MEMS.	